

Pediatric Clerkship

Uniformed Services University of the
Health Sciences

Round 8 Class of 2007

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Welcome to *your*
pediatric rotation...

...this is the only pediatric
rotation you will be *required*
to take during the pursuit of
your medical degree...

What scares you most about Pediatrics?

What would *you* like to accomplish
during this six week block?



Plan for Day One

- ◆ **Overview/paperwork**
- ◆ **Introductions**
- ◆ **Video**
- ◆ **Tour NNMC**
- ◆ **Lunch**
- ◆ **Tour WRAMC**



Sir William Osler

“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.”

“One of the first duties of the physician is to educate the masses not to take medicine.”



Orientation

◆ Goals

- Define the requirements and expectations of your six-week core pediatric clerkship
- Familiarize you with the student coordinators and clinical teaching sites



Clerkship Goals

- ◆ You will have the opportunity to learn the unique characteristics of the pediatric patient visit, regardless of eventual specialty direction
- ◆ This rotation is directed toward the student who *will not* make Pediatrics their specialty focus



Clerkship Objectives

- ◆ The curriculum will concentrate on core fundamentals in pediatrics
- ◆ During this clerkship, you will:
 - Expand your fund of *knowledge* on unique pediatric pathophysiology
 - Acquire the *skills* necessary to reach appropriate diagnostic and therapeutic conclusions, and to communicate them
 - Develop the *attitudes* involved in understanding the unique relationship with a pediatric patient and family
 - Become *competent* in history-taking and examination of infants, children and adolescents



Where do I go?

- ◆ **Outpatient Pediatrics (3 of 6 weeks)**
 - General Pediatrics: NNMC, WRAMC, MGMC
 - Adolescent Medicine
 - Specialty Pediatrics
- ◆ **Inpatient Pediatric Ward (2 of 6 weeks)**
- ◆ **Newborn Medicine (1 of 6 weeks)**
 - Inpatient Nursery Service
 - Initial Outpatient Well Child Care

Schedule available at:

http://www.pedsedu.com/student_schedules.htm



Uniformed Services University
Third Year Core Pediatric Clerkship

Block 8 (May 8 – Jun 16, 2006)

Student Name	8 May	15 May	22 May	29 May	5 Jun	12 Jun
Blacker	Ward	Ward	Nursery	MG Clinic	WR Clinic	NN Clinic
Camacho	NN Clinic	NN Clinic	Ward	Ward	Nursery	MG Clinic
Garner	Ward	Ward	MG Clinic	Nursery	NN Clinic	WR Clinic
McKenzie	MG Clinic	NN Clinic	Nursery	WR Clinic	Ward	Ward
Stuart	NN Clinic	Nursery	Ward	Ward	MG Clinic	NN Clinic
Trask	NN Clinic	MG Clinic	NN Clinic	Nursery	Ward	Ward
Weatherwax	WR Clinic	Nursery	Ward	Ward	NN Clinic	NN Clinic
Wells	Ward	Ward	WR Clinic	NN Clinic	Nursery	NN Clinic
Zizak	Nursery	WR Clinic	NN Clinic	NN Clinic	Ward	Ward
Blevins	Madigan	Madigan	Madigan	Madigan	Madigan	Madigan
Columbo	Madigan	Madigan	Madigan	Madigan	Madigan	Madigan
Jones	Madigan	Madigan	Madigan	Madigan	Madigan	Madigan
De Cecchis	Portsmouth	Portsmouth	Portsmouth	Portsmouth	Portsmouth	Portsmouth
Ugochukwu	Portsmouth	Portsmouth	Portsmouth	Portsmouth	Portsmouth	Portsmouth
Baldwin	San Diego	San Diego	San Diego	San Diego	San Diego	San Diego
Johnson	San Diego	San Diego	San Diego	San Diego	San Diego	San Diego
Duryea	Tripler	Tripler	Tripler	Tripler	Tripler	Tripler
Helms	Tripler	Tripler	Tripler	Tripler	Tripler	Tripler
Cheng	Wilford Hall	Wilford Hall	Wilford Hall	Wilford Hall	Wilford Hall	Wilford Hall
Malamung	Wilford Hall	Wilford Hall	Wilford Hall	Wilford Hall	Wilford Hall	Wilford Hall
Russell	Wilford Hall	Wilford Hall	Wilford Hall	Wilford Hall	Wilford Hall	Wilford Hall

Current as of 25 Apr 2006



Call Requirements

- ◆ Outpatient weeks -- no call
 - Take advantage to READ!
- ◆ Inpatient Ward -- **2 calls** total:
 - 1 weekday (M-F)
 - 1 weekend (Sat or Sun)
- ◆ Nursery
 - **1 weekday call** (will get to see NICU)
 - Assist with work rounds 1 day on weekend



Tools and Resources

- ◆ **Student Binder and Handbook**
- ◆ **Study Guide**
(printed curriculum included)
 - Framework for learning
- ◆ **Issued Textbooks**
 - Pediatrics for Medical Students (w/CD)
 - Nelson Essentials of Pediatrics
 - Harriet Lane Handbook



More Resources

- ◆ **Case-Based Interactive Learning Scenarios (CBILS)**
- ◆ **Neonatal Resuscitation Skills Station**
 - (1st CBILS session, starts at 1100)
- ◆ **AM Report and Continuity Clinic Lectures**
- ◆ **Competency Checklist (In binder - right side)**
- ◆ **NCA Contact sheet**

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Medical Student Pediatric Clerkship Competency-based Checklist

Student Name: _____ Site: _____ Block: _____

The following checklist reflects the competencies expected at the conclusion of the third-year pediatric clerkship. These competencies have been developed from the Council on Medical Student Education in Pediatrics (COMSEP) Curriculum, then modified, adopted, and implemented by the USUHS Pediatric Clerkship. *Signing of these competencies by your preceptors signifies that they were observed and performed as expected at the level of a third-year medical student.*


- Please have the staff attending physician and/or resident sign in the corresponding boxes below as they are accomplished competently under supervision.
- If the staff attending physician and/or resident documents "Not Competent" for any competency, it is your (the student's) responsibility to seek feedback on how to attain competency and subsequently demonstrate it.
- All items require a signature in the competent column prior to completion of the clerkship.

Student Competency	Not Competent	Competent
Reports and documents a history and physical exam on pediatric patient/parent with an <i>acute illness or injury</i>		
Reports and documents an <i>infant</i> health maintenance history and physical exam, to include (developmental history & dietary history)		
Reports and documents history and physical exam on <i>school-aged</i> health maintenance visit		
Reports and documents an <i>adolescent</i> H&P, including a HEADSS assessment.		
Effectively delivers health maintenance <i>anticipatory guidance</i> using age-appropriate checklist		
Demonstrates appropriate patient education/information giving to include follow-up care		
Accurately plots and explains a growth chart		
Accurately calculates IV fluid replacement and maintenance fluids		
Distinguishes between an ill and non-ill child		
Demonstrates a complete physical exam on a newborn		

HAND THIS CHECKLIST TO YOUR PRECEPTOR FOR SIGNATURE

REVIEW THIS FORM WITH YOUR SITE DIRECTOR AT MID-ROTATION AND END-OF-CLERKSHIP FEEDBACK SESSION

6/29/05



Medical Student Pediatric Clerkship

◆ Competency-based Checklist

- ◆ Assurance of Meeting Minimal Level of Competency in Key Goals
- ◆ Guide Educational Experience
- ◆ You are responsible for completion
 - Including seeking mid-rotation feedback session
- ◆ Turn them into Site Director when rotation completed

Uniformed Services University of the Health Sciences

Optimally, many of these specific clinical conditions should be addressed during the rotation. Place your initials (the student's) next to the subject matter experienced during the clerkship.

- | | |
|--|---|
| <input type="checkbox"/> UTI/VUR | <input type="checkbox"/> R/O Serious Bacterial Illness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Gastroenteritis | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Childhood Exanthems |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Atopic Dermatitis |
| <input type="checkbox"/> Failure to Thrive | <input type="checkbox"/> Tanner Staging |
| <input type="checkbox"/> ALTE | <input type="checkbox"/> GER |
| <input type="checkbox"/> Seizure Disorders | <input type="checkbox"/> Acute Lymphoblastic Leukemia |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Respiratory Distress |
| <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Diabetes Mellitus |
| <input type="checkbox"/> Newborn metabolic screening | <input type="checkbox"/> Fluid & Electrolytes Management |
| <input type="checkbox"/> Newborn Nutrition | <input type="checkbox"/> Bilious & non-bilious vomiting (newborn) |
| <input type="checkbox"/> Jitteriness and seizures in a newborn | |
| <input type="checkbox"/> Respiratory distress and central cyanosis | |

MID-ROTATION FEEDBACK SESSION

Date

Preceptor's Signature

Student's Signature

END-ROTATION FEEDBACK SESSION

Date

Preceptor's Signature

Student's Signature

*****I CERTIFY THIS TO BE AN ACCURATE REFLECTION OF MY
OUTPATIENT CLERKSHIP EXPERIENCE.*****

Student's Signature

Date

REVIEW THIS FORM WITH YOUR SITE DIRECTOR AT MID-ROTATION AND END-OF-
CLERKSHIP FEEDBACK SESSION

6/29/05

Case Based Interactive Learning Scenarios

Academic Year 2005-2006 (Class of 2007)

Round #8 (8 May 2006 – 16 June 2006)

Date	Time	Location	Topic	Speaker
8 May	0800	A2011	Clerkship Orientation	Dr. Pelzner
	0900	A2011	Pediatric Physical Exam	Dr. Pelzner
	1100	NNMC	NNMC Orientation	Dr. Pelzner
	1400	WRAMC	WRAMC Orientation	Dr. Pelzner
11 May	0745	Lect Rm C	Grand Rounds	Dr. DiGeronimo
	1100	A2041	Neonatal Resuscitation	Dr. Moores
	1200	A2041	Neonatal Resuscitation	Dr. Moores
	1300	A2011	Early Intervention in the DoD	Dr. Hanson
	1400	A2011	Fluids and Electrolytes**	Dr. Hurley
	1500	A2011	Adolescent Interview	Dr. Zawadsky
18 May	1200	A2011	The Pediatric Interview	Dr. Hanson
	1300	A2011	Anticipatory Guidance	Dr. Hanson
	1400	A2011	Bruising in Children	Dr. Crouch
	1500	A2011	Practical Pediatric Pharmacology**	Dr. Katona
25 May	0745	Lect Rm C	Grand Rounds	Dr. Portman
	1200	A2011	Otitis Media	Dr. Pelzner
	1300	A2011	Pediatric Infectious Disease	Dr. Muench
	1400	A2011	Pediatric Infectious Disease	Dr. Muench
	1500	A2011	Pediatric Cardiology	Dr. Burklow
1 Jun	1200	A2011	Non-accidental Trauma	Dr. Kahn
	1300	A2011	Neglect	Dr. Kahn
	1400	A2011	Pediatric Nutrition	Kathy Camp, MS, RD, CSP
	1500	A2011	Infant Feeding	Kathy Camp, MS, RD, CSP
8 Jun	1200	A2011	Evidence-Based Medicine**	Drs. Randall and Hooper
	1300	A2011	Immunizations	Dr. Zajdowicz
	1400	A2011		
	1500	A2011	Ethics and Professionalism**	Dr. Hanson



Case-Based Interactive Learning Scenarios

(CBILS)

- ◆ Thursday p.m. 1200-1600
 - Except 1st week, starts at 1100

- ◆ **** MEANS READ BEFORE SESSION!**

- ◆ Schedule available at

- http://www.pedsedu.com/national_capital_area.htm
- CBILS Schedule Round 8



Performance Evaluation

(p.13)

- ◆ **Clinical Performance** **60%**
 - Outpatient 30%
 - Ward 20%
 - Nursery 10%
 - ◆ **NBME Pediatric Subject Exam** **25%**
 - ◆ **CLIPP Quiz** **5%**
 - ◆ **Medical Communication**
 - Comprehensive Written Presentation **5%**
 - Concise Oral Presentation **5%**
- 100%**



Clinical Performance

(p.13)

- ◆ **Feedback Forms**
 - Inpatient (blue sheet w/picture)
 - Outpatient (blue cards)
 - Electronic versions available online
- ◆ **This formula is a straight percentage, not a curve**
- ◆ **“PRIME” framework for student progress used**



PRIME Framework (p. 5)

- ◆ **P**ROFESSIONALISM
- ◆ **R**EPORTER: (THE “WHAT”)
- ◆ **I**NTERPRETER: (THE “WHY”)
- ◆ **M**ANAGER: (THE “HOW”)
- ◆ **E**DUATOR: (THE “WHO”)



USUHS Pediatric Clerkship *Outpatient* Evaluation

Student

Preceptor

Date

Areas of Strength

PRIME

Professionalism

Interpersonal skills
Responsible/Reliable
Approach to children/adolescents

Reporter

Focused history and physical
Pertinent positives/negatives
Prioritizes data
Data presentation (written/oral)

Interpreter

Develops problem list
Synthesizes differential
Interprets labs/studies

Manager

Develops diagnostic plan
Develops therapeutic plan
Partners with patient-parent

Educator

Independent learner
Mentors peers/colleagues
Informs patient-parents

Areas for Improvement

Please include comments regarding student's performance in each PRIME Category.

Unacceptable

Needs Improvement

Acceptable

Above Average

Outstanding

1	2	3	4	5	6	7
---	---	---	---	---	---	---



NBME Subject Examination (p.13)

- ◆ **This is a standardized test taken by thousands of students across the United States who are at equivalent cycles in training**
- ◆ **The curve at USUHS matches the normal curve of the remainder of US students**
- ◆ **Every student must perform at or above the 10th percentile nationally in order to pass**

**USUHS DEPARTMENT OF PEDIATRICS
INPATIENT STUDENT EVALUATION - AY 2006-2007**

STUDENT:

NO STUDENT
PHOTO AVAILABLE

EVALUATOR:

ROTATION: ☐ Ward ☐ Nursery ☐ Clinic BLOCK:

UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	ABOVE AVERAGE	OUTSTANDING
RELIABILITY/COMMITMENT				
PROFESSIONALISM				
<input type="checkbox"/> Unexplained absences, unreliable	<input type="checkbox"/> Often unprepared, appears lackadaisical in approach to education and patient care	<input type="checkbox"/> Devotes the time and energy required for education and patient care, fulfills responsibility	<input type="checkbox"/> High degree of dedication to education and patient care, seeks responsibility sometimes beyond assigned tasks	<input type="checkbox"/> Unusual dedication to education and patient care, actively seeks responsibility beyond assigned tasks
INTERPERSONAL RELATIONSHIPS - TEAM				
<input type="checkbox"/> Negative interactions with other members of the health care team	<input type="checkbox"/> Does not participate as a member of the health care team	<input type="checkbox"/> Fulfills basic responsibilities as a member of the health care team	<input type="checkbox"/> Makes important contributions as a member of the health care team	<input type="checkbox"/> Participates as an involved and enthusiastic member of the health care team
<i>Professionalism Comments:</i>				
HISTORY TAKING				
REPORTING				
<input type="checkbox"/> Inaccurate, major omissions, inappropriate, psychosocial component entirely missing	<input type="checkbox"/> Incomplete or unfocused, relevant data missing, psychosocial component entirely missing	<input type="checkbox"/> Obtains basic history, accurate, obtains most of the relevant data and most of the psychosocial components	<input type="checkbox"/> Precise, detailed, broad-based, obtains most of the relevant data and most of the psychosocial components	<input type="checkbox"/> Resourceful, efficient, appreciates subtleties, insightful, obtains all relevant data including psychosocial components
PHYSICAL EXAMINATION SKILL				
<input type="checkbox"/> Unreliable	<input type="checkbox"/> Incomplete or inaccurate	<input type="checkbox"/> Major findings identified	<input type="checkbox"/> Organized, focused, relevant	<input type="checkbox"/> Elicits subtle findings
WRITTEN H&P, PROGRESS NOTES				
<input type="checkbox"/> Inaccurate data or major omissions, notes not done consistently	<input type="checkbox"/> Poor flow, omits relevant data, incomplete problem list	<input type="checkbox"/> Accurate, complete	<input type="checkbox"/> Documents key information, focused, organized	<input type="checkbox"/> Concise, reflects thorough understanding of disease process and patient situation
ORAL PRESENTATIONS				
<input type="checkbox"/> Consistently ill-prepared	<input type="checkbox"/> Unfocused, includes irrelevant facts	<input type="checkbox"/> Maintains format, includes all basic information	<input type="checkbox"/> Complete, flows smoothly	<input type="checkbox"/> Comprehensive, poised
<i>Reporting Comments:</i>				



CLIPP Cases & Quiz

(p.12-13)

- ◆ **CLIPP = Interactive, web-based, case-based learning scenarios**
- ◆ **Can be done at any time during the clerkship**
 - **Start at USUHS Blackboard Website**
<http://usuonline.usuhs.edu>
 - **Enter CLIPP Quiz Section**
 - **Complete assigned CLIPP cases**
 - (Registration Instructions p.9)
 - **Complete Quiz AFTER completion of cases**
 - 5% of grade
 - **Will have dedicated time for this exercise on SPE day at SimCenter**

[Announcements](#)[Faculty Information](#)[Course Information](#)[Course Materials](#)[Communication](#)[Student Tools](#)[Resources](#)**Tools**[Communication](#)[Course Tools](#)[Course Map](#)[Control Panel](#)[Refresh](#)[Detail View](#)

CLIPP cases

You will need to use your browser to go to the Computer-Assisted Learning in Pediatrics Project (CLIPP) website at <http://www.clippcases.org>. (It works more reliably if you do this in a separate browser window, outside of Blackboard).

Click the link Go to Cases, then Register using the link at the bottom of the page. Once you receive your username and password, login to the site. You will see a list of 31 cases. You need to do the following three cases:

Case #5 [16-year-old girl's health maintenance visit - Betsy](#)

Case #23 [11-year-old girl with lethargy and fever - Sarah](#)

Case #25 [2-month-old with apnea - Jeremy](#)

Once you have completed the cases, you can proceed to the test. DO NOT ATTEMPT to take the test until you have completed all 3 cases in their entirety. The test is NOT "open book." You must complete the test within 60 minutes once started.

Please enter the CLIPP cases in cWeblog as well. There is a category called CLIPP, and the cases are listed by case number. You may do as many cases as you wish, but the 3 above are the only ones required.



CLIPP test

This is a 14-question, multiple choice test that will assess your understanding of the material from the 3 CLIPP cases. You have 60 minutes to complete the test. Once started, the test MUST be completed. It is NOT "open book." You may not refer back to the cases or other resources during the test.

CLIPP

COMPUTER-ASSISTED LEARNING IN PEDIATRICS PROJECT WWW.CLIPPCASES.ORG

[Go to Cases](#)

[About CLIPP](#)

[Demo a Case](#)

[Using CLIPP
In a Clerkship](#)

[Instructors'
Area](#)

[Support](#)

Welcome!

The Computer-assisted Learning in Pediatrics Project (CLIPP) is a comprehensive Internet-based learning program for use by third-year medical students during their pediatric clerkship. CLIPP's 31 interactive cases are designed to cover all of the core content of the curriculum of the Council on Medical Student Education in Pediatrics (COMSEP). The CLIPP cases have been widely accepted by Pediatric Educators, with use in more than 50 medical schools in the U.S. and Canada, and more than 100,000 case sessions completed by students.



CLIPP is designed to supplement traditional clerkship teaching and patient care activities. It provides medical students and clerkship directors access to peer-reviewed learning materials that provide a solid foundation in pediatric medical knowledge appropriate to the level of the third-year student.

It is expected that each CLIPP case will take a student approximately 45 minutes to complete, so that students may work through the full learning program over the course of an average six-week clerkship. Link to see a static [list of the cases](#).

Beginning in 2005, nine new cases will become available. These are extended CLIPP scenarios — eCLIPPs — cases, designed to teach how to approach issues of culture,



CLIPP

[→ more about Casus](#) [→ Contact](#) [? Help](#)

Welcome to CLIPP

Login:

Password:

☐ Edit user data

✓ Your computer is optimized for the use of CASUS.

[→ Login](#)

Forgot your password? Please go to

[→ Get new password](#)

You just want to have a look?

Then please click on "Guest".

[→ Guest](#)

You are a new user?

Please click here to register.

[→ register](#)

News

- ▶ **New release!** 5.0.0b0
- ▶ We recommend Netscape 4.x or Internet Explorer 5.x and higher!

Browser check

- ✓ Internet Explorer 6.0
- ✓ Cookies are accepted by your browser!
- ✓ Quicktime is installed on your computer.

Problems?

Please read the [FAQ](#) page, before sending a support request.

If you have any problems, please go to the following form: [Support-Request](#)

CASUS®

→ Cancel ? Help

Userdata

Email

First name

Last name

User level

3rd year ▼

Please use your University email address. Please check your email to receive your login and password in 2 separate emails!

→ Ok



Medical Communication

(p.11-12)

◆ Comprehensive Inpatient Presentation (H&P)

- The student is expected to complete a write-up of an *INPATIENT*, to include a history, physical, assessment, and plan.
- Feedback form in right side of Student Handbook
- **Plagiarism will not be tolerated!**

USUHS Pediatric Clerkship Comprehensive H & P Feedback Form

Student: _____ Evaluator: _____

The following items are provided as a checklist when grading the student's written write-up. Please give feedback either in the space provided on the right or on the write-up itself.

ID & CC	<input type="checkbox"/> Succinct (in patient's own words, if possible) <input type="checkbox"/> ID(age, sex, underlying conditions) <input type="checkbox"/> Informant and reliability addressed	
HPI	<input type="checkbox"/> Delineates pertinent signs and symptoms in chronological order, using days PTA <input type="checkbox"/> Includes pertinent past history, therapies <input type="checkbox"/> Complete pertinent positives & negatives <input type="checkbox"/> Uses appropriate medical terminology <input type="checkbox"/> Sentences are clear and concise	
P M H X	<input type="checkbox"/> Includes hosps, surg., illnesses, meds/allergies <input type="checkbox"/> Neonatal, diet, and developmental history as appropriate for age (to include Denver II) <input type="checkbox"/> Includes immunization status	
F H X	<input type="checkbox"/> Includes pertinent diseases/diagnoses in extended family <input type="checkbox"/> Identifies health status of parents, siblings <input type="checkbox"/> Notes family strengths	
SOC HX	<input type="checkbox"/> Includes child's current living arrangement and caretakers <input type="checkbox"/> Addresses school performance <input type="checkbox"/> HEADDS interview, if adolescent	
ROS	<input type="checkbox"/> Addresses all relevant major systems <input type="checkbox"/> Contains only issues <u>not</u> pertinent to HPI	
PE	<input type="checkbox"/> Vital signs present <input type="checkbox"/> Growth measures, %, and curve (Ht, Wt, HC) <input type="checkbox"/> General descript. provided w/o stock phrases <input type="checkbox"/> All systems included in appropriate detail <input type="checkbox"/> Complete pertinent positives and negatives	
LAB	<input type="checkbox"/> Includes pertinent normal results <input type="checkbox"/> Identifies significant abnormal results	
IMP & P L A N	<input type="checkbox"/> Problem list, with problems logically grouped and prioritized <input type="checkbox"/> Differential diagnoses, addressing all problems <input type="checkbox"/> Develops organized Dx and Rx approach for each problem <input type="checkbox"/> Addresses patient education when appropriate <input type="checkbox"/> Brief hospital course to date	
D I S C	<input type="checkbox"/> Discussion of patient's problems: uses the literature to answer clinical question(s) regarding patient's problems <input type="checkbox"/> Reference list (should include at least 3 relevant, current articles)	



Medical Communication

(p.11-12)

◆ Concise Oral Presentation

- The student will concisely present an *OUTPATIENT* (not a health maintenance visit) in SOAP format in less than 10 minutes
- Feedback form in right side of Student Handbook

USUHS Pediatric Clerkship Oral Presentation Outline and Grading Form

Student: _____

Date: _____

Evaluator: _____

The following items are provided as a checklist when grading the student's oral presentation. Components of the Subjective and Objective sections should include focused and relevant information, and the entire presentation should take less than 10 minutes. **Please give feedback to the student verbally and in the spaces provided below.** Keep original in student's folder.

CC	<input type="checkbox"/> Age of patient <input type="checkbox"/> Reason for Visit (in patient's own words) <input type="checkbox"/> Length problem/illness/concern	O	<input type="checkbox"/> Vital signs <input type="checkbox"/> Growth parameters <input type="checkbox"/> General statement of appearance <input type="checkbox"/> Directed physical exam with pertinent positives/negatives
S	<i>History of Present Illness</i> <input type="checkbox"/> Chronology of events <input type="checkbox"/> Pertinent positives/negatives <input type="checkbox"/> Review of systems		<input type="checkbox"/> Labs (if relevant) <input type="checkbox"/> Radiology studies (if relevant)
	<i>Past Medical History</i> <input type="checkbox"/> Significant illnesses/ hospitalizations <input type="checkbox"/> Chronic medical conditions <input type="checkbox"/> Surgical history <input type="checkbox"/> Medications <input type="checkbox"/> Allergies <input type="checkbox"/> Immunizations <input type="checkbox"/> Family History <input type="checkbox"/> Social History	A	<input type="checkbox"/> Assessment/summary <input type="checkbox"/> Problem list (if relevant) <input type="checkbox"/> Differential diagnosis <input type="checkbox"/> Most likely/probable diagnosis
	<i>If Relevant to chief complaint:</i> <input type="checkbox"/> Perinatal history <input type="checkbox"/> Developmental history <input type="checkbox"/> Educational performance <input type="checkbox"/> Travel history <input type="checkbox"/> Dietary history <input type="checkbox"/> Environmental/human/animal exposures <input type="checkbox"/> Injuries	P	<input type="checkbox"/> Diagnostic evaluation <input type="checkbox"/> Therapeutic intervention <input type="checkbox"/> Patient education/instructions <input type="checkbox"/> Follow-up plan
		Notes:	
Oral Presentation Delivery (Eye contact, clarity of speech, pace of presentation, use of appropriate medical terms, dependency on notes)			
Feedback and student response:			<div style="border: 1px solid black; padding: 5px; width: fit-content;"> GRADE: _____ </div>



Clinical WeblogTM (p.14-15)

- ◆ <http://cweblog.usuhs.mil>
- ◆ **Required patient log entry**
 - Participate
 - Observe Care
 - Procedures
- ◆ **Use “Search Problems”**
 - Click <Find Problem> repeatedly
 - Email Dr. Pelzner if having problems
- ◆ **Failure to complete is an issue of professionalism/attention to administrative requirements**

Search Problems

To find a problem or diagnosis in the menu of problems to the right, enter a search term (like heart or anx) in the box below and click the button **repeatedly** to find all items related to your search term.

Pediatrics
[Student Data](#)
[Patient Data](#)
[Problem Menu](#)
[Help](#)
[Report](#)
[Palm HowTo](#)
[Search](#)
[References](#)
[Home](#)
[Procedures](#)
[Submit](#)

Uniformed Services University Pediatrics *Clinical WebLog™*

1. First go to [Student Data Entry](#) just below and enter required student specific information.

Pediatrics Student Data Entry

Enter your email name (example: s2bsmith) below
(all lowercase) **no carriage return.**)

[]
[Select Year of Study]
[Select Rotation Block]
[Select Setting for encounter]
[Select Hospital name] [Next](#)

2. Next go to [Patient Data Entry](#) just below and enter *required* age and gender.

Patient Data Entry

Select degree of responsibility:
participated_in_care
observed_care_only
simulated_patient
[]

Click repeatedly



Pediatric Clerkship Evaluation (p.16)

- ◆ **You give us feedback!**
- ◆ **Online Evaluation**
 - **Will send out reminder email in week 5 with link**
 - **<http://cim.usuhs.mil/oea/sai.htm>**
 - **Required for a grade! (Dean's Policy)**
 - **Anonymous (tracks email alone)**
 - **Suspense (1 week after completion)**



How Do I Succeed?

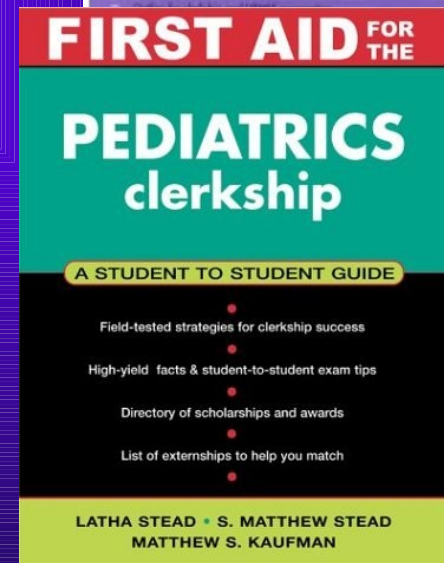
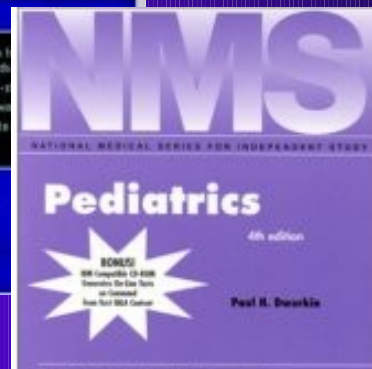
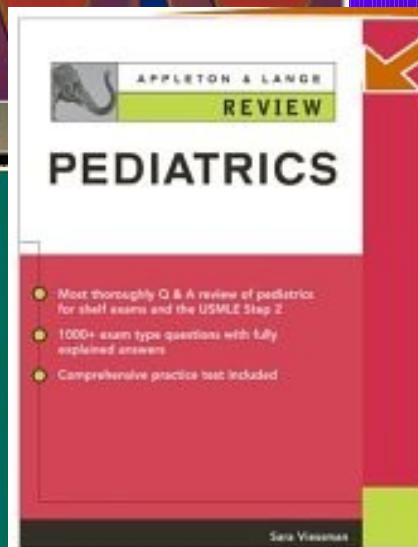
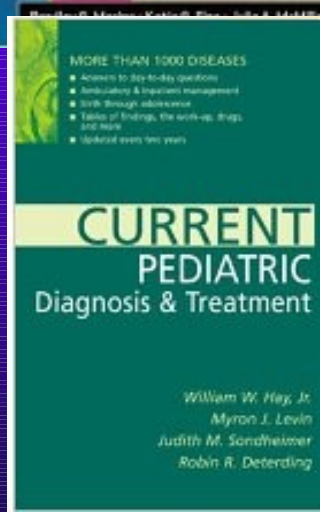
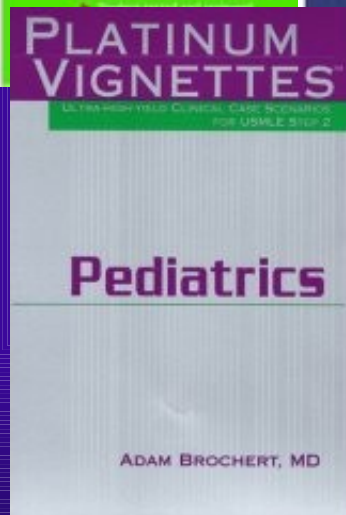
◆ Attitude


- Be Enthusiastic
- Be Inquisitive
- Be Teachable
- Challenge those who teach you

◆ Take advantage of *every* learning opportunity

◆ Study


Study Guides





Professionalism in Medicine (p.17)

- ◆ Behaviors of a Professional
 - Honor and Integrity and Respect
 - Altruism
 - Caring, Compassion & Communication
 - Responsibility & Accountability
 - Excellence, Scholarship, and Leadership
 - Functioning under stress
- ◆ USUHS clinical science courses evaluate cognitive and non-cognitive performance
- ◆ Student Handbook page 17 outlines minimum expectations and examples of non-professional behaviors



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National Institutes of



More Osler Quotes

"Live neither in the past nor in the future, but let each day's work absorb your entire energies, and satisfy your widest ambition."
To study medicine without books is to sail an uncharted sea, while to study medicine only from books is not to go to sea at all.

Medicine is learned by the bedside and not in the classroom."
The art of the practice of medicine is to be learned only by experience; 'tis not an inheritance; it cannot be revealed."



MAJOR WALTER REED, 1851-1902



**DR. HELEN TAUSSIG,
1898-1986**